

2023–2024 Special Circumstances - Loss of Income

Professional Judgments are handled on a case-by-case basis to consider the adjustment of one or more of the data elements used to calculate the Expected Family Contribution (EFC). If, due to special circumstances, you believe that the EFC calculated on your 2023-2024 Student Aid Report does not accurately represent your financial situation, you may request that Student Financial Services review your file and exercise professional judgment to adjust your data element(s) accordingly. Professional Judgments are processed under Section 479(A) of the HEA provisions of the federal Title IV programs.

tud	ent's Last Name	Student's First Name	Student's M.I.	Student ID Number			
	Explanation of Circun	nstances					
	Provide a detailed explanation of the circumstances that have resulted in a request for special consideration of your financial situation.						
-							
-							
-							

B. Estimated Income: Actual Income Year-to-Date and Anticipated

Please provide income information based on the current calendar year (January 1-December 31). Supporting documents must be attached (see Section C).

Source of Income	Student/Spouse	Student/Spouse	Parents/Stepparents	Parents/Stepparents
	Actual Income	Anticipated Income	Actual Income	Anticipated Income
	Year- to-Date	Until end of year	Year-to-Date	Until end of year
Wages, Salary, Severance				
Pay, Disability, etc.				
Untaxed Social Security				
Benefits				
Child Support Received				
Untaxed Income (gifts,				
housing allowance, etc.)				
Total				

Student's Name:	55N:					
C. Verification and Documentation						
 A process called verification must be completed as part of the through the verification process, you are required to complete information when you submit this form. Verification forms can the Forms tab. 	and return the verification forms with the necessary tax					
2. Provide documentation from appropriate sources verifying los government notification of loss of benefits, etc.3. Provide any available documentation to support the income in						
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
D. Certification and Signatures Feel person signing this worksheet contifies that all of the	WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be					
Each person signing this worksheet certifies that all of the	sentenced to jail, or both.					
For dependent students, the student and one parent must sign a	information reported on it is complete and correct.					
Student's Signature	Date					
Student's Phone Number						
Spouse's Signature (if student is married)	Date					
Parent's Signature (if student is dependent)	Date					
Parent's Phone Number (if student is dependent)						
Submit completed form and an	y additional documents to:					

Submit completed form and any additional documents to:

Columbia International University Financial Aid Office PO Box 3122 Columbia, SC 29230-3122 (803) 807-5036 (803) 223-2505 (fax) finaid@ciu.edu